

St. Edward

CENTRAL CATHOLIC HIGH SCHOOL



335 LOCUST STREET
ELGIN, ILLINOIS 60123
phone: 847/741-7535
fax: 847/695-4682
www.stedhs.org

Transportation Request Form – 2017-2018

Student Name _____

Class (Circle One)

9 10 11 12

\$3,000 per year for AM/PM
This includes a round trip to and from school; door to door pickup and drop off.

Please check the appropriate box for your child's transportation request.

AM only:

PM only:

Both AM & PM:

Payments must be paid in full by **July 15, 2017**. A student will not be placed on a route until the payment has been received. Students riding both ways will have first preference.

Payment may be made on line at Compuwerx or by a check. Check payments should be made out to St. Edward Central Catholic High School.

Parent's name: _____

Date: _____

Address: _____

City: _____ Zip: _____

Phone:(home) _____ (work) _____ Parent's

Signature: _____

If you have any questions regarding transportation please contact Mrs. Schroeder in the school Business Office at 847.741.7536 extension 104.

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Dear Parent and Legal Guardian:

335 LOCUST STREET
ELGIN, ILLINOIS 60123
phone: 847/741-7535
fax: 847/695-4682
www.stedhs.org

Name of Program: St. Edward Central Catholic High School transportation service

Purpose: Transportation of school student for religious and academic education

Destination: St. Edward High School, 335 Locust Street. Elgin, IL 60123

Date: August 2017 to June 2018

Driver: School employee

I request that my child be allowed to participate in a student shuttle-service program sponsored by St. Edward. This program will be under the supervision of school employees.

If you authorize your child to participate in this school sponsored program, please review the following, sign this form and return it to the Business Office.

Total cost for the AM/PM service is \$3,000. You may select to utilize the program for a one way trip also. Cost for the one way trip is \$1,500 per year.

There is no transportation available for any after school activities.

Payment is due by July 15, 2017

I fully and voluntarily release, defend, indemnify and hold harmless St. Edward Central Catholic High School, and the Catholic Bishop of Rockford, Il, and their employees and agents, from any and all demands, claims, losses, suits or liability for claims arising out of or resulting from personal injury or property damage caused by or incurred by your son or daughter or ward during his/her participation in this school sponsored program. This indemnification shall include reasonable attorneys' fee incurred in responding to or defending against any such demand, claim, loss suit or liability. I hereby consent to participation by my child in the St. Edward Central Catholic High School shuttle transportation program. I understand that this program will be under the supervision of the designated school employee and designees on the stated dates. I further consent to the conditions stated above, including the method of transportation.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____